Aspiring CNS Programme Pilot
Project Evaluation

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Contents

1.0 Executive Summary

This evaluation aims to assess the effectiveness of the Aspirant CNS Programme Pilot in preparing participants for the role of Cancer Clinical Nurse Specialist (CNS). The evaluation details the progress of the aspiring CNSs against agreed competencies, and includes participant and service feedback, training and education received, project success and challenges, lessons learnt, recommendations, and next steps for this programme within Greater Manchester (GM) cancer services.

Key findings include the following:

- 60% of participants are now in a CNS role and feel confident in their duties
- 100% of participants achieved level 2 competency, demonstrating excellent knowledge and ability to undertake required competencies, both with and without supervision
- All participants knowledge of cancer pathways and the journey patients go through from diagnostics through to beyond treatment improved from "basic" or "average" baseline to "good" or "very good" post programme.
- The programme improved participants' knowledge and confidence to support people affected by cancer, as well as positive feedback on the programme structure and content.

Recommendations for future implementation include expanding the programme scope to ensure support for participants both during and after completion, and to align to the National Aspirant Cancer Career and Education Development (ACCEND) Programme.

2.0 National and Local context

CNS roles are highly skilled and complex, requiring strong knowledge foundations, leadership skills and the ability to effectively co-ordinate care in highly distressing scenarios (National Cancer Action Team, 2010). Due to the increasing number of cancer diagnoses and people living with cancer globally, concerns have been raised regarding the capacity of the CNS workforce to support this demand (Prostate Cancer UK, 2020; Rishel, 2013). Furthermore, national data has highlighted concerns over the ageing profile of CNSs and the challenges of recruiting skilled professionals into these roles (Macmillan Cancer Support, 2019). No consistent strategies are in place for succession planning and recruitment to these roles nationally.

Personal development is a key influence in nurse retention (Health Education England, 2015), and there has been growing recognition of the value in supporting dedicated internal candidates towards career progression through a proactive 'growing our own' approach to workforce development (NHS Improvement, 2019).

3.0 Project Background

The Aspiring CNS Programme was initiated by the Lead Cancer Nurse at Tameside Hospital and is aimed at generalist nurses with an interest in careers in cancer, to provide a means to upskill staff as the future generation of CNSs.

Funding was secured through Health Education England to pilot the programme at five trusts across Greater Manchester. Each trust adopted and adapted the Tameside model in line with their organisation's needs and led the recruitment for one aspiring CNS per organisation. Successful applicants were offered cancer-specific training and development. Within their 12-month programme, each candidate received bespoke training, including clinical practice time with various cancer CNS teams, specialist palliative care, other cancer non-clinical roles and the research team. Various face-to-face and eLearning activities have also taken place as part of the programme, with a focus on developing skills in communication, leadership, personalised care and support planning, and the impact of the CNS role for people affected by cancer.

As part of the programme, participants had the opportunity to complete a small-scale practice improvement project focusing on developing skills in evaluation, leading change, and identifying areas for improvement. The practice improvement project was not a requirement of the programme however could be used to assess progress. Candidates also had competencies to obtain, based on the Royal College of Nursing (RCN) CNS competency framework, which was adapted to reflect the aims of the Aspiring CNS programme. This can be found in Appendix A.

The programme provides means to grow the next generation of the CNS workforce, using staff who are keen to develop within the organisations. The programme includes two levels of development, to cater for staff currently at Agenda for Change band 5 and 6, with a view to create further lines of progression through enabling the band 6 staff to become the future band 7s. The programme's structure aims to develop individuals so that they are in a stronger position to apply for future CNS roles supporting their development in research, leadership, practice improvement and cancer specialist knowledge. Appendix B provides an example trajectory for the 12-month programme, and key tasks/deliverables at each stage of the process.

## 4.0 Candidate Placement Areas

Participants Breakdown

Bolton NHS Foundation Trust, Band 5, Chemotherapy Nurse

Manchester University NHS Foundation Trust, Band 5, Staff Nurse on Acute Medical Ward

Tameside and Glossop Integrated Care, Band 5, Staff Nurse

Northern Care Alliance, Band 6, CNS within Gynaecology

Wigan, Warrington, and Leigh NHS Foundation Trust, Band 5, Oncology Chemotherapy Staff Nurse
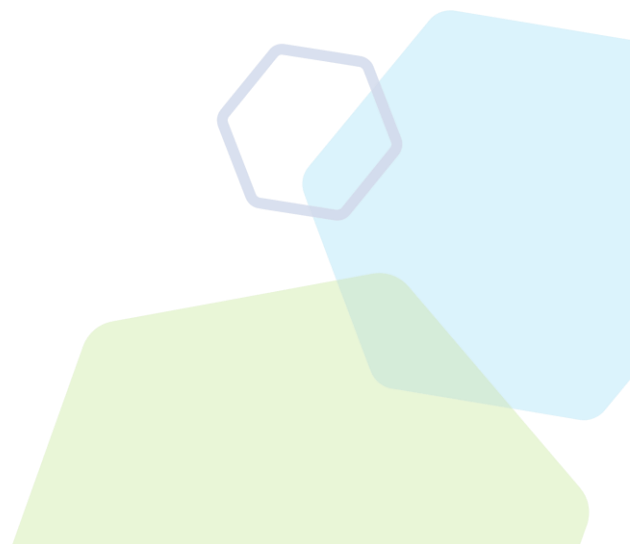
The below table shows the areas of work that the participants have been placed with:

	Haemato Oncology	Gynaecology	Breast	Head and Neck	Lung	Colorectal	Acute Onc	Neuro-Oncology	HPB	Sarcoma	Skin	Urology	Oesophago-gastric	TYA
Participant 1		X	X	X	X	X	X		X			X	X	
Participant 2					X									
Participant 3			X		X	X	X		X			X	X	
Participant 4	X	X	X	X	X	X	X		X		X	X		
Participant 5	X		X		X	X	X		X					

5.0 Outcome Measures

Project Output: Competencies

All candidates enrolled on the programme received a set of competencies (Appendix A) that were to be achieved by the end of the programme.

The competency framework consisted of 13 domains and each aspiring CNS was assessed according to two levels depending on their current banding. The standards for successful completion were as follows:

Band 5 professionals should achieve level 1 assessment on all competencies, Band 6 professionals should achieve level 2 on at least 75% of all competencies.

- Level 1: Demonstrates a good level knowledge around the required competencies, and the ability to undertake relevant tasks where appropriate, under supervision

- Level 2: Demonstrates excellent knowledge and ability to undertake required competencies, both with and without supervision (where appropriate)

Project Output: Quality improvement projects

The programme participants were given the opportunity to identify and complete a small-scale practice improvement project. The intention of the improvement project was to assess the development of skills in evaluation, leading change and identifying areas for improvement in line with the competency framework.

Project Output: Participant Knowledge and Confidence

Using survey responses, the programme has assessed participants' base level knowledge and confidence in performing the duties of the CNS role. Participants were then surveyed again post programme, to understand how the programme developed their knowledge and confidence.

6.0 Completed Competency Frameworks

All participants achieved the outlined competencies to level 1 (Appendix A), with 4 candidates achieving 100% of competencies to level 2 standard. Participants have clearly demonstrated excellent knowledge and ability to undertake the required competencies and exceeded the 75% requirement for band 6 professionals.

7.0 Survey results

Programme participants were sent a survey pre and post programme to assess their understanding of the CNS role, current knowledge, and confidence.

The analysis found that participants in the programme demonstrated improvements in their knowledge around cancer diagnoses, pathways, treatments and side effects; and improved confidence related to delivering personalised care. Participants reported feeling more confident in their ability to provide care to patients with cancer and noted that the programme helped them to develop the skills necessary to succeed in this specialist area of work (see Appendix B).

8.0 Participant Interviews

To form this evaluation, interviews with each of the programme participants were conducted. The focus of the interviews was to understand participants' pre-programme knowledge, experience during the programme and their perceived ability to perform the CNS role post programme.

8.1 Insights into CNS Duties and Responsibilities:

All candidates noted their initial interest in the programme was formed from a desire to understand the role of the CNS, their duties, and responsibilities, and for some to have a clearer career route. Although programme participants had worked with CNSs in their roles prior to the programme, they highlighted that staff only see segments of the CNS duties. All participants also highlighted their interest and willingness to provide holistic patient care and felt that the programme provided a richer understanding of the holistic care approach of a CNS. The programme provided them with exposure to the full range of duties of a CNS in varied teams and teams of different sizes.

> *"It's given me an understanding of how the role is orientated, it's appointments and [delivering bad news] giving information but there's a lot more psychological support and different things involved. …the way that their role is done and how much they get done as well. I think sometimes you don't realize how much it all entails."* (Participant 1)

> *"It was mainly the holistic care element that attracted me to the programme. It's something everyone kept talking about. As a nurse on a ward, you can't necessarily provide that care, you obviously look at the social side but nowhere near this [When you're not a CNS]. Apart from that you're not getting involved as much in the holistic care of the patient."* (Participant 3)

Participant 4 had commenced in post as a CNS 9 months before the start of the programme. They operate as a lone CNS in their role and noted that the programme had allowed them to deepen their understanding of the role through exposure and understanding of how other CNSs approach their activity. As a result of the programme, they also developed a peer network. Within this participant's organisation, the programme has been delivered similarly to a preceptorship, allowing the newly appointed CNS to consolidate their learning, create networks and ensure they're performing their role in the best possible way through learning from other teams.

> *"I was already doing the role to go and spend time with other teams just to check that I was actually doing it right … it was nice to see the different teams, how they work and how different size teams work."* (Participant 4)

8.2 The role of the mentor, line manager and placement teams

All nurses encountered some challenges maintaining a balance between placement time and other work commitments. However, all participants stated that this was "manageable". The role of the mentor and their manager was important to their overall success on the programme.

All participants referenced the support that they received from their managers, mentors, and the teams they worked with during their placement(s).

> *"Maybe if there was either an information leaflet that you could send in your e-mail so that they could have a read, something like that, I think probably would be good."* (Participant 1)

> *"I would have to do it [organise placements] myself. So, she [My Mentor] offered to help and she gave me contact details for certain ones that I had asked for"* (Participant 4)

8.3 Placement Variation

The participants on the Aspirant CNS Programme experienced challenges in their placements, due to teams doing set tasks on specific days.

Participants were, in some cases, only able to be released on placement on set days, which led to a lack of variance in their experiences with specific teams. Although candidates were able to gain exposure to different learning experiences whilst on placement with different teams, a full overview of tasks for a specific tumour group area was not provided. Some participants also requested an

option for more time with specific teams or a longer placement duration, for example a week block placement rather than one day.

Comparatively, participant 2 only spent time with respiratory teams. They were able to form a richer understanding of the team dynamic and were provided with a full overview of the CNS role within the area of work. The participant felt that this worked well and as they wished to pursue a career in this area of oncology, the placement structure benefited their individual career trajectory.

> *"My days were set by my team and the placement teams had set days to do things. For example, breaking bad news on a Monday because MDT was on a Thursday, and they'd have Friday to deal with everything and break the news on the Monday." (Participant 3)*
>
> *"It was difficult to find the best days for the places that you would go in. You know that you'd get most benefit from, but it did work out." (Participant 5)*

8.4 Preparation and Information

Participants noted a lack of information prior to the programme. Although participants 1 and 5 understood the programme was in its first phase, they felt more could have been provided in terms of information. This was largely the responsibility of the mentor, and the level of information provided was varied.

There was reference made to candidates feeling that teams were underprepared to receive the participant and although this was rectified quickly, all felt that more could have been done to inform the teams they were going to be working with whilst on placement.

> *"A bit more structure and … support" (Participant 1)*
>
> *"More of a structure as to where to spend your time" (Participant 5)*

Participants also noted that there could have been information or support provided to the teams they were placed with, to ensure the correct level of guidance was provided and the right knowledge was imparted.

Conversely, Participant 2 was able to create connections with the teams they were placed with, and the wider team were able to gain a better understanding of the programme.

> *"A lot of people were quite keen and they asked, can you tell me some more information? I've not heard of this before and then I'd give them more info" (Participant 3)*
>
> *"Maybe if there was either an information like little leaflet that you could send in your e-mail so that they could have a read, something like that, I think probably would be good." (Participant 4)*

8.4 Recruitment and Retention

Whilst conducting the interviews, nurses shared that they are now open to new challenges in their career path or have already received opportunities to progress. Two nurses are now in CNS positions, two are actively seeking positions at a more senior level. The final CNS was already within a CNS role prior to the programme but felt that the programme has allowed them to refine their role and provided confirmation that they were performing their role effectively as a lone CNS.

A pivotal conversation had with Participant 2 was that they felt unsure about their career in nursing prior to the programme and was uncertain how they might progress. After completing the programme, they are now enjoying their role and have recently stepped into a new position as a CNS.

Other feedback from the participants also suggests that the programme has exposed them to stretch opportunities, to either help build their confidence in performing the CNS role or provide understanding of where they would like to work in the future.

9.0 Lead Cancer Nurse/Mentor Focus Group

9.1 Positive outcomes

The programme was highly regarded by the Mentor Focus Group with a number of benefits detailed below:

9.1.1 Protected Time

The development programme provided protected time for aspiring CNSs to spend with different teams. This allowed them to gain insight and exposure to other departments and teams that are crucial to understanding the cancer care pathway. This not only led to greater knowledge about roles in the cancer care team, but also improved their understanding of the whole patient care process.

9.1.2 Designated Time Away

A key benefit the group felt the programme provided was affording the aspiring CNS time away from their day-to-day role, which allowed them to focus solely on their professional development. This created a positive atmosphere in which nurses could fully engage and invest themselves in the programme with minimal distractions.

9.1.3 Rapid Knowledge and Skill Progression

Participants on the development programme rapidly progressed their knowledge and skills. Aspiring CNSs were able to learn from experienced senior nurses, who provided guidance and mentorship throughout the course. This helped participants to improve their clinical and leadership skills quickly.

9.1.4 Wider View of the CNS Role

The group felt that the programme provided a wider view of the CNS role in cancer care. They learned about the broader aspects of providing cancer care including patient advocacy, community outreach, and quality improvement. By gaining insight into these areas, they were better prepared for future leadership roles in cancer care, with a more holistic perspective in mind.

9.1.5 Improved Networking

The development programme offered participants improved networking opportunities, by giving them access to colleagues in the same field. Participants were able to connect with other cancer

care providers and learn from their experience. This created a platform for future collaboration, professional growth, and development.

9.1.6 Recruitment and Retention

The group felt that the programme provided nurses with a clearer view of how they might progress into a career as a CNS.

Mentors also noted the programme provided more motivation within the participant group and organisations have begun discussions on how further roll out of the programme.

9.2 Programme Challenges

The Mentor focus group highlighted a number of key challenges for consideration when rolling this programme out more widely:

9.2.1 Availability of Backfill

A resource challenge reported was not always having sufficient backfill available for the aspiring CNSs. This created a disruption for their existing team and often resulted in increased workload for remaining team members. Whilst backfill of hours was discussed with senior managers prior to the programme commencing, the practicalities of actually covering a small number of hours were a challenge to arrange, with many Trusts already reporting a high number of nurse vacancies. More in-depth planning with senior managers would allow alternative options to be explored, such as use of agency nurses, or arranging placements on quieter, better staffed days.

9.2.2 Availability of Mentorship

The availability of mentors was also noted as a challenge. Some mentors were not available or did not provide sufficient time, making it difficult for aspiring cancer lead nurses to gain enough guidance and support. For future iterations of the programme, standards could be provided to ensure mentors are properly trained, willing, and available to provide mentorship before assigning them to a development programme. It may also be useful to outline what is expected of the mentor-mentee relationship, so that the relationship can be adjusted appropriately.

9.2.3 Time to Organise Placements

It was reported that the time taken to organise placements was often longer than anticipated, creating delays for some participants. This could be addressed by streamlining the placement organisation process through planning at the beginning of the programme and increasing communication about timelines and deadlines. By doing so, aspiring CNSs and mentors may avoid disruption in their schedules and ensure that they can make the most of the development programme.

9.2.4 Communication Plans

During the focus group, it was reported that communication between the programme, mentor, participant, and placement teams could be improved, especially regarding placement experiences. It is vital to have a clear communication plan in place when undertaking a development programme for aspiring CNSs, to ensure that all involved have a good understanding of the programme, with clear expectations in place so that candidates have the best possible placement experience.

9.2.5 Guaranteed Role

A key consideration noted by mentors was that no jobs were available at the end of the programme for the participant to step into. The group felt it was essential to provide a clear pathway to employment after the programme to make the development programme more compelling. By doing so, interested candidates will be more motivated to join and complete the programme, knowing that there is a corresponding opportunity for career advancement and fulfilment. However, it is acknowledged that this could be difficult to achieve and even for those who do not secure employment, feedback from participants is that partaking in the programme provides a valuable opportunity to develop essential skills for future career progression.

10.0 Quality Improvement Project

Not all participants completed an improvement project, however participants 2, 4 and 5 who did complete this implemented a range of different improvements.

10.1 Newly Qualified Nurse Pack

Participant 5 created a pack that is now provided to newly qualified nurses within their team, to help them transition between student nurse and newly qualified nurse. As a result of this practice improvement project, newly qualified nurses are supported with all the relevant information they require to help them succeed in their role within the first 12 months.

The participant gained project management skills in planning, designing, and implementing the pack. The participant also had to communicate with other members of the team to gather information for the pack and ensure that it met their needs. This required effective communication skills. Finally, the participant had to research and gather information on key aspects of the service that would be relevant for newly qualified nurses. This helped them to develop a deeper understanding of the wider service.

10.2 CNS led Clinics

10.2.1 Nurse led follow-up.

Participant 4 set up a clinic for longer term surveillance patient follow-up for patients. "Who don't necessarily need to be coming in face-to-face." (Participant 4) This was as a result of the COVID-19 pandemic, where many face-to-face appointments were altered to telephone appointments. The participant created patient feedback questionnaires and began giving them out in a clinic. Most patients were happy to have telephone appointments, especially the longer-term follow-ups that do not have any problems or symptoms. "They were travelling, struggling for parking and paying for parking for possibly 5 minutes when they just don't need to. The consensus was that most patients, you get the odd one that liked to come face to face, but the majority like the telephone. So I set that up." (Participant 4)

10.2.2 Holistic Needs Assessment Clinic

Within the service Participant 4 was working in, Holistic Needs Assessments (HNAs) were being conducted sporadically and the team felt like they did not have specific time allocated to carry out the HNA and action any referrals. Based on patient feedback the participant set up a HNA clinic.

"If they've got a lot of different concerns and are really struggling, it gives them that structure ... I found that when they were just being done ad hoc, we just didn't have time to properly document everything," (Participant 4). The participant gained experience in conducting HNAs and delivering personalised care based on individual risks, needs, and preferences of the patient.

10.3 Training Needs Analysis

Participant 2 conducted a training needs analysis for their team members, utilising a survey to understand current gaps within the team, and generated a QR code so this could be shared easily.

They also produced a report and put this forward to management within the team to help aid future training delivery.

This provided the aspirant CNS with an insight into survey creation, data gathering and research.

11. Lessons and Recommendations

This section of the evaluation aims to provide an overview of the key limitations and offer suggestions for further roll-out. The section highlights areas where improvements could be made to enhance the experience of learners.

11.1 Communication Plans and Programme Structure

In evaluating the programme, it was clear that a communication plan and placement information may have been valuable to learners and clinical teams, to enhance their experience and ensure they meet their targets.

Both learners and mentors felt that future iterations of the programme would benefit from a clearer placement process. Clearer placement structure either through the programme content or mentor support would be beneficial to not only the learner but also the mentor, as the mentor would be able to view the learner's entire placement journey and deadlines and organise accordingly.

11.2 Peer Networking and Participant Peer Support

The programme had allowed participants to develop peer networks and engage in dialogue with other areas of work within cancer across Greater Manchester. This was seen as a valuable aspect of the programme, as it provided participants with opportunities to learn from others' experiences and perspectives.

Participants reported that they appreciated the opportunity to work alongside other CNSs and share their knowledge and best practices. They noted that this helped them to develop a sense of community and support, which was particularly important given the challenges of working in cancer care. By engaging in dialogue with other programme participants, learners were able to gain new insights into their role as CNSs and learn from others' experiences.

The evaluation recommends building on this aspect of the programme, by providing more opportunities for peer networking and dialogue among participants in addition to networks of CNS. This could include incorporating group projects, presenting participant case studies, organising regular meetings or events where participants can come together to discuss current issues in their field, or creating online forums where learners can connect with each other outside of formal training sessions.

11.3 Aspiring CNS Programme Model

During the evaluation, participants noted that they were only able to gain an understanding of one specific activity with certain teams. However, when visiting other teams, they were able to

understand all duties, as teams would perform different tasks. Participants also would have welcomed an offer to spend more time with teams that they found interesting, perhaps for a continuous block of time rather than just one day, as they felt this would have been beneficial to their knowledge and understanding.

The programme was implemented in a different form: Manchester University Foundation Trust delivered a single pathway programme that provided more in depth learning regarding the lung cancer pathway. All other organisations offered a variety of placement options through varied pathways that offered candidates exposure to different cancer tumour groups. The key to future programme iterations is to remain flexible to the organisational need.

> *"Really enjoyed experience with other teams but due to structure felt that there was exposure to the same types of things."*
>
> *"Even though I've sort of worked in different places, it's helped me have a bit better sort of picture of the whole process really and the support systems that they use as well as patients."*

11.4 Focus on career progression

Mentors noted was that there were no job opportunities at the end of the programme, and felt that this should be considered in future roll out (page 14). This feedback highlights the importance of providing a clear pathway to employment after the programme, to make the development programme more compelling. By doing so, interested candidates will be more motivated to join and complete the programme, knowing that there are opportunities for career development

Within future iterations of the programme, organisations should consider providing mentoring support for career progression and identify opportunities for individuals to learn transferable skills as progression within the CNS workforce may not always be an achievable outcome.

11.5 Use case to support CNS Preceptorship

The Aspiring CNS Programme Pilot Evaluation found that in certain instances the programme was delivered similarly to preceptorships, allowing newly appointed CNSs to consolidate their learning and ensure they are performing their role in the best possible way through learning from other teams (page 10).

Support for individuals new to CNS positions should be considered as a continuation of the Aspirant CNS Programme to help further embed the skills, knowledge and behaviours required in such an autonomous role outlined in the ACCEND framework. This could help to improve retention and reduce staff sickness. A new model is currently being explored across two trusts in Greater Manchester.

11.6 ACCEND and The Aspirant CNS Programme

The Aspirant Cancer Career and Education Development (ACCEND) framework aims to provide clear cancer career pathways and associated education, training, learning and development opportunities for the workforce. The ACCEND framework could be used in further roll out of the Aspiring CNS Programme Pilot Evaluation in several ways. (Health Education England and Taylor, V. 2023)

The competency framework developed for this pilot would be replaced by the ACCEND framework and now this is being embedded into the GM Cancer e-portfolio, which will enable the aspiring CNS' to record their evidence and reflections on the digital platform and also be an easier tool for mentors to use to monitor progress.

The programme also suggests that participants complete a small-scale practice improvement project focused on developing skills in evaluation, leading change, and identifying areas for improvement, which aligns to the ACCEND domain 'Leadership and collaborative practice'.

Finally, the evaluation highlights the importance of providing a clear career pathway for staff, which is a key component of the ACCEND framework. By using the framework to support career development and progression within nursing, organisations can help ensure that staff have access to the training and support they need to achieve their career goals.

12. Conclusion

The Aspiring CNS Programme Pilot has been a successful initiative for the participants and the Trusts involved in the programme, providing a clear career path for staff and equipping them with the necessary skills to prepare for a career as a CNS. This is in line with the Guidance for Cancer Alliances and the National Cancer Vanguard and NHS Long Term Plan (NHS England 2019), which emphasises the importance of developing a skilled and sustainable cancer workforce to meet the needs of patients and more recently aligned to the NHS Long Term Workforce Plan.

Through the programme, there is clear evidence that participants have been able to develop a deeper understanding of the principles of the CNS role and the practical skills to perform the role. However, there are several ways that the programme could be improved to better support career development and progression within nursing. These include incorporating a stronger focus on career progression, clearer planning, developing a stronger peer to peer support network, and expanding the programme to include a higher volume of participants.

By incorporating these recommendations into future iterations of the Aspiring CNS Programme Pilot, we can help ensure that it continues to provide valuable opportunities for career development and progression within nursing while also supporting workforce planning efforts within healthcare organisations. Overall, this programme serves as a strong model for organisations looking to develop their own workforce and enhance patient care through targeted training and development initiatives.

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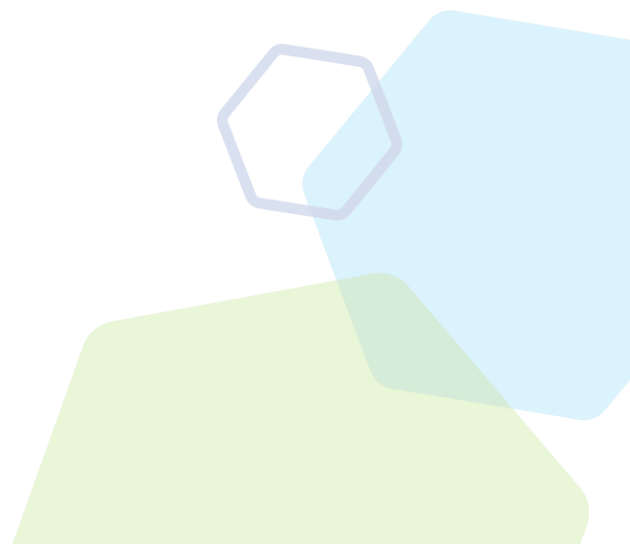
Appendix A - Aspiring Clinical Nurse Specialist Development Programme: Competency Framework

Candidates entering the course as a band 5 professional should achieve level 1 assessment on all competencies, band 6 professionals should achieve level 2 on at least 75% of all competencies.

> ***Level 1:*** *Demonstrates a good level knowledge around the required competencies, and the ability to undertake relevant tasks where appropriate, under supervision*

> ***Level 2:*** *Demonstrates excellent knowledge and ability to undertake required competencies, both with and without supervision (where appropriate)*

1. Anatomy, physiology, prevalence and epidemiology

2. Psychological care

Learning outcomes The practitioner will be able to:	Source of knowledge/assessment	Assessment Level achieved (1/2)
1.1 Critically review epidemiological and prevalence statistics for a type of cancer within the UK, understanding demographic and cultural differences	University module	
1.2 Explain the process of carcinogenesis and relate this to cancer to demonstrate understanding of the aetiology, risk factors, pathophysiology, signs/symptoms and treatment of cancer	University module	
1.3 Discuss the normal anatomy, physiology and pathophysiology of surrounding a type of cancer (such as the breast, including the chest wall, axilla and the lymphatic system)	University module	
1.4 Describe approaches to the diagnosis and staging of cancer and the nurse's role in supporting patients through this process	University module CNS Teams	
1.5 Draw on understanding of the process of carcinogenesis to explain the use, effects and side effects of treatments, such as chemotherapy, radiotherapy and targeted therapies	University module CNS Teams	
1.6 Describe possible disease trajectory of a type of cancer, including recurrence or metastatic spread	CNS Teams	
1.7 Describe the principles of clinical examination for a specific cancer type (for example examination of the breasts, axilla and regional lymph nodes)	CNS Teams	
1.8 Explain the possible contributing risk factors of cancer to patients and members of their family, provide appropriate health and risk advice so that individuals can monitor for early signs of cancer and adopt healthy lifestyle behaviours. Participate in health promotion activities	CNS Teams	

Learning outcomes The practitioner will be able to:	Source of knowledge/assessment	Assessment Level achieved (1/2)
2.1 Describe how attitudes, values and beliefs, in relation to cancer, influence the care and communication with patients. This should include taking into account the needs of patients who have learning disabilities, dementia and mental health conditions	University module CNS Teams	
2.2 Recognise and demonstrate the importance of employing culturally sensitive approaches in the care of people with cancer and their families from all diverse communities	University module CNS Teams	
2.3 Demonstrate knowledge of psychosocial and psychiatric disorders which may impact on the patient's ability to adapt to a diagnosis, the treatment planned, and the level of support required	University module CNS Teams	
2.4 Consider the potential emotional distress for family members, friends or carers of the individual with a cancer diagnosis	University module CNS Teams	
2.5 Adjust professional behaviour in relation to the patient's needs	CNS Teams	
2.6 Ensure the environment allows the patient and their family to share their concerns	CNS Teams	
2.7 Explore the psychological needs for a patient and their family when the individual requires end of life management	CNS Teams	
2.8 Identify and reassure patients who may have psychological concerns in relation to complications and the fear of recurrent disease/ disease spread or other social/practical worries making referrals dependent on individual needs	CNS Teams	
2.9 Demonstrate an understanding of safeguarding issues for people with cancer, so that support and the appropriate intervention can be given	CNS Teams	

3. Communication

Learning outcomes The practitioner will be able to:	Source of knowledge/assessment	Assessment Level achieved (1/2)
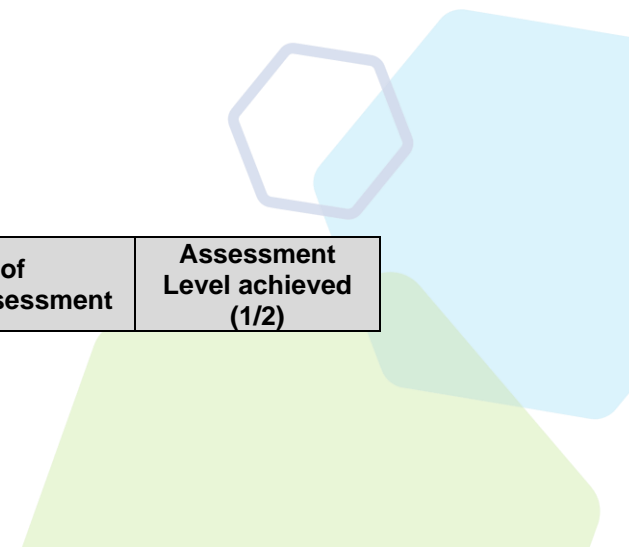
Learning outcomes	Source of knowledge/assessment	Assessment Level achieved
3.1 Demonstrate use of research and theory to develop communication approaches to maximise effectiveness of communication in practice in supporting people with cancer	University module CNS Teams	
3.2 Reflect communication which takes into account the cultural attitudes and values of the patient and their family, including disadvantaged or vulnerable groups	University module CNS Teams	
3.3 Describe appropriate principles and guidance around communicating with individuals who may be vulnerable in relation to communication needs, such as individuals requiring translators or lacking capacity	University module CNS Teams	
3.4 Describe appropriate use of communication mediums in communication with patients, their families and other health care professionals, taking into account legal, professional and ethical standards	University module CNS Teams	
3.5 Adapt communication styles to the patient's needs using their assessment skills to ensure an individual's needs are met	CNS Teams	
3.6 Provide patients with appropriate verbal, written and information sources which are relevant to their individual diagnosis and cancer management	CNS Teams	
3.7 If the patient wishes to address their concerns, find a time and a private space for the patient to talk with their family/supporter present	CNS Teams	
3.8 Demonstrate empathy and respect towards a patient and respect their views, including those who refuse treatment	CNS Teams	
3.9 Demonstrate excellent communication skills and assess the patient's level of understanding	CNS Teams	
3.10 Assess the coping mechanisms of a patient at time points throughout the patient's care, including end of life care, and assist with the facilitation of appropriate discussions with health and social care professionals	CNS Teams	
3.11 Integrate the principles of 'make every contact count', for example, in relation to health promotion and screening	CNS Teams	

4. Consent

Learning outcomes The practitioner will be able to:	Source of knowledge/assessment	Assessment Level achieved (1/2)
4.1 Demonstrate awareness of the legal and ethical requirements of informed consent for patients undergoing treatment for cancer	CNS Teams	
4.2 Demonstrate awareness of the legal and ethical requirements for treatment, including when implied consent may be suitable to use.	CNS Teams	
4.3 Show ability to discuss the treatment plan with the patient to ensure they are fully informed of the benefits and possible complications in the short and long term. Assist with ensuring the patient is able to give informed consent	CNS Teams	

Learning outcomes The practitioner will be able to:	Source of knowledge/assessment	Assessment Level achieved (1/2)
4.4 Demonstrate the ability to take consent for patients, to include covering possible complications so that patients can make an informed decision (including the risks of not undergoing treatment)	CNS Teams	

5. Holistic Needs Assessment

Learning outcomes The practitioner will be able to:	Source of knowledge/assessment	Assessment Level achieved (1/2)
5.1 Define the principles of holistic assessment in cancer practice and when they should be used to assess patient needs throughout the cancer management	CNS Teams/ Cancer Care Co-ordinators	
5.2 Demonstrate knowledge of appropriate support, information, referral and signposting in response to holistic needs assessment (HNA)	CNS Teams/ Cancer Care Co-ordinators	
5.3 Define how HNAs, e-HNAs care plans and treatment summaries, form part of the recovery package for patients at the end of primary treatment	CNS Teams/ Cancer Care Co-ordinators	
5.4 Undertake a comprehensive nursing HNA, taking into account relevant physical, social, cultural, psychological, sexual and spiritual factors	CNS Teams/ Cancer Care Co-ordinators	
5.5 Provide personalised care plans based on individual risks, needs and preferences of the patient, including signposting to additional support, with referrals as needed	CNS Teams/ Cancer Care Co-ordinators	

6. Multidisciplinary team working and interdisciplinary working

Learning outcomes The practitioner will be able to:	Source of knowledge/assessment	Assessment Level achieved (1/2)
6.1 Demonstrate knowledge of the different roles making up a multidisciplinary team and the specialist knowledge each team member brings	CNS Teams	
6.2 Demonstrate understanding of how the cancer nursing roles fit into the wider multidisciplinary team	CNS Teams	
6.3 Demonstrate understanding of the decision-making process within a multidisciplinary team	CNS Teams	
6.4 Recognise how multidisciplinary team communication and knowledge of local services available to patients, both hospital based and in the wider setting, can benefit patient care	CNS Teams	
6.5 Consider and evaluate how the multidisciplinary team have reached the proposed recommendation for individual patients and relate these to the application of possible multimodality cancer treatments. Ensure the patient's needs and wishes have informed the discussion	CNS Teams	

6.6 Demonstrate knowledge of the histopathological and multidisciplinary team meeting process and the implications this has on the results phase of the patient journey, including rationale for the need for further surgery, adjuvant treatments and the prognostic significance	CNS Teams	
6.9 Explain the role of a key worker and how this may change through the cancer pathway	CNS Teams	
6.10 Show ability to engage in appropriate planning and coordinate care between different health and social care providers, including voluntary and statutory care agencies	CNS Teams	

7. Clinical trials and application of research

Learning outcomes The practitioner will be able to:	Source of knowledge/assessment	Assessment Level achieved (1/2)
7.1 Show ability to evaluate the importance of nursing and clinical research in advancing practice	Research Team	
7.2 Discuss the legal and ethical requirements of the recruitment of patients to research or clinical trials	Research Team	
7.3 Analyse research findings in the context of evidence-based practice in a cancer specialty	Research Team	
7.4 Outline the use and role of health services research and cancer audit in the role of practice development	Research Team	
7.5 Outline the process of treatment development within clinical trials and how the different phases may impact on a patient's care and treatment	Research Team	
7.6 Discuss the proposed research with patients and their significant others to ensure they are fully informed of the benefits and their rights as a research subject	Research Team	
7.7 Demonstrate strategies for safeguarding interests and the safety of patients considering and participating in research and clinical trials	Research Team	
7.8 Provide an evidence-based approach to justify nursing practice for interventions within practice area in relation to a particular specialty	Research Team	
6.9 Engage in appropriate planning and coordinate care between different health and social care providers, including voluntary and statutory care agencies	Research Team	

8. Screening and health promotion

Learning outcomes The practitioner will be able to:	Source of knowledge/assessment	Assessment Level achieved (1/2)
8.1 Describe approaches to the diagnosis of cancer within the NHS screening programmes, such as biopsy and additional imaging, and the nurse's role in supporting patients through this process	CNS Teams	

8.2 Participate in health promotion and describe issues relevant to screening among a diverse population	CNS Teams	
8.3 Demonstrate knowledge and awareness on how to support high-risk patients with genetic or family history backgrounds during the high-risk screening process	CNS Teams	

9. Diagnosis

Learning outcomes The practitioner will be able to:	Source of knowledge/assessment	Assessment Level achieved (1/2)
9.1 Demonstrate a clear understanding of the systematic management process and assessment of patients with cancer symptoms (choose one type), including the implications of different outcomes	CNS Teams	
9.2 Describe the approaches to the diagnosis of cancer (one type), staging and treatment plan, and a nurse's role in supporting patients through treatment and management	CNS Teams	
9.3 Explain the cancer diagnosis to the patient and family, assess their level of understanding, and provide additional information and reassurance where necessary	CNS Teams	
9.4 Assist with working at advanced level, clinically examining patients with cancer symptoms (where possible). Demonstrating advanced clinical competence and a knowledge base beyond those associated with traditional nursing roles	CNS Teams	

10. Systemic anti-cancer treatments and supportive medications (SACT)

Learning outcomes The practitioner will be able to:	Source of knowledge/assessment	Assessment Level achieved (1/2)
10.1 Provide knowledge and understanding of drug actions prescribed in the management of cancer patients: including chemotherapy, biological targeted-therapies and radiotherapy. This should include SACT in the neo-adjuvant, adjuvant and metastatic settings.	CNS Teams	
10.2 Explain the different routes for SACT administration, to include vesicant and non-vesicant drugs	CNS Teams	
10.3 Identify the common toxicities associated with SACT regimens and appropriate management of the toxicities	CNS Teams	
10.4 Discuss the educational and information needs of patients receiving SACT	CNS Teams	

11. Follow up

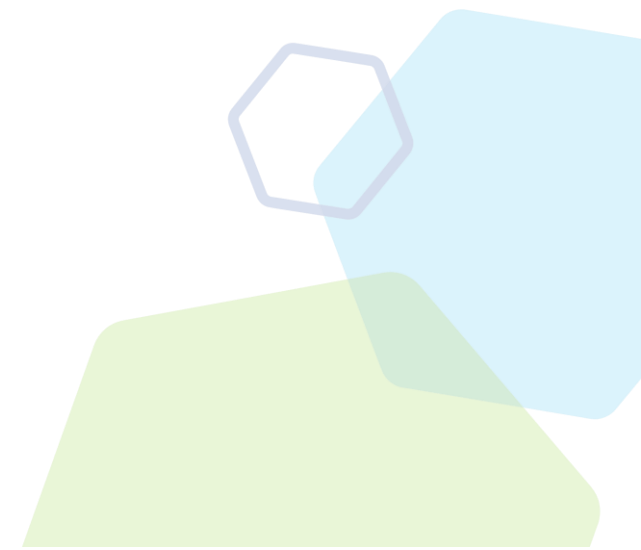| Learning outcomes The practitioner will be able to:	Source of knowledge/assessment	Assessment Level achieved (1/2)
11.1 Understand the importance and principles surrounding surveillance scans or blood tests following cancer treatment	CNS Teams	
11.2 Demonstrate knowledge of the signs and symptoms associated with recurrence of a type of cancer and distant metastases	CNS Teams	
11.3 Demonstrate knowledge of the potential consequences of the long-term effects and late effects of a type of cancer treatment. For example, fatigue and menopausal symptoms	CNS Teams	
11.4 Demonstrate ability to provide appropriate help, advice and support to the patient to aid with self-monitoring of long-term consequences of cancer treatment and signs of recurrence	CNS Teams	
11.5 Understand the principles of an end of treatment review and patient treatment summaries	CNS Teams	
11.6 Understand the principles of personalised stratified follow-up pathways	CNS Teams/ Cancer Care Co-ordinators	

12. Palliative care and end of life care

Learning outcomes The practitioner will be able to:	Source of knowledge/assessment	Assessment Level achieved (1/2)
12.1 Explain how the pathways and principles of palliative care and end of life care are implemented in locality	Specialist Palliative Care Team	
12.2 Understand and assess the physical, psychological, social, emotional and spiritual impact of moving to end of life care, taking into account cultural differences	Specialist Palliative Care Team	
12.3 Demonstrate the ability to explain the role of specialist palliative care in symptom management to patients	Specialist Palliative Care Team	
12.4 Demonstrate the ability to facilitate appropriate discussions between health and social care professionals and patients to elicit their preferences on goals of care and the transition between active treatment and end of life care	Specialist Palliative Care Team	
12.5 Understand how to assess patients' information needs about the dying process and how to communicate sensitively and truthfully	Specialist Palliative Care Team	

13. Leadership

| Learning outcomes The practitioner will be able to:	Source of knowledge/assessment	Assessment Level achieved (1/2)
13.1 Discuss the role of clinical governance, and the principles of risk assessment and risk management	Leadership course	
13.2 Reflect on models of clinical leadership and how these can be developed at all levels to collectively develop vision and an integrated leadership culture within teams, departments and organisations	Leadership course	
13.3 Demonstrate knowledge of the role of research, audit, analysis, evaluation and evidence-based practice changes, including evidence from the national cancer patient experience survey to inform quality improvement service delivery	Leadership course	
13.4 Demonstrate knowledge about cancer strategy/policy at a national level	Leadership course CNS Teams	
13.5 Demonstrate evidence of continuing professional development and support others in developing their skills, experience, knowledge, gaining relevant qualifications and competencies	Leadership course	
13.6 Apply knowledge, experience and leadership to influence and shape nursing practice and policy at different strategic levels	Leadership course	

|	Activities to Complete
Month 1	Induction checklist* Complete initial knowledge evaluation Develop an understanding cancer, and how cancer services operate Complete Macmillan eLearning: Cancer Awareness and 4explore Initial 1:1 mentorship meeting Become familiar with the competency framework
Month 2	Beginning working towards Health Education England cancer nursing course, Enrol onto university module (if applicable) Begin working towards competencies
Month 3	Begin planning service improvement project (with mentorship support) Complete introduction to Service Transformation 1:1 mentorship meeting, including 3 month review of knowledge, achievement of competencies and progress Greater Manchester Peer Support Event for Aspiring Clinical Nurse Specialists Ongoing working towards competency sign off Complete 3 month evaluation form
Month 4	Complete Shared Decision-Making online course Complete Trust Communication Skills Training (or Advanced if applicable) 1:1 mentorship meeting Finish Health Education England cancer nursing course Ongoing working towards competency sign off
Month 5	1:1 mentorship meeting Ongoing working towards competency sign off
Month 6	Register for and begin Edward Jenner Leadership Programme Complete InDepth- Personalised Care and Support Planning training 1:1 mentorship meeting, including 6 month review of knowledge, achievement of competencies and progress around service improvement project Greater Manchester Peer Support Event for Aspiring Clinical Nurse Specialists Attend presentation about the wider strategic work happening in cancer across the Trust, regionally and nationally Ongoing working towards competency sign off Complete 6 month evaluation form
Month 7	1:1 mentorship meeting Ongoing working towards competency sign off
Month 8	Complete virtual Sage and Thyme course 1:1 mentorship meeting Ongoing working towards competency sign off
Month 9	1:1 mentorship meeting, including 9 month review of knowledge, achievement of competencies and progress Ongoing working towards competency sign off Greater Manchester Peer Support Event for Aspiring Clinical Nurse Specialists Complete 9 month evaluation form
Month 10	1:1 mentorship meeting Ongoing working towards competency sign off Review of competencies and any outstanding, create action plan if needed
Month 11	1:1 mentorship meeting, including planning a brief write up of service improvement project, with support Review of competencies and any outstanding, create action plan if needed
Month 12	Complete Edward Jenner Leadership Programme 1:1 mentorship meeting Post-course knowledge and content evaluation Review of competency achievement and next steps planning Greater Manchester Peer Support Event for Aspiring Clinical Nurse Specialists Present service improvement project to relevant team (depending on the project)

Appendix B – Survey Results

How would you describe your current knowledge of what a cancer diagnosis is, and why it occurs?
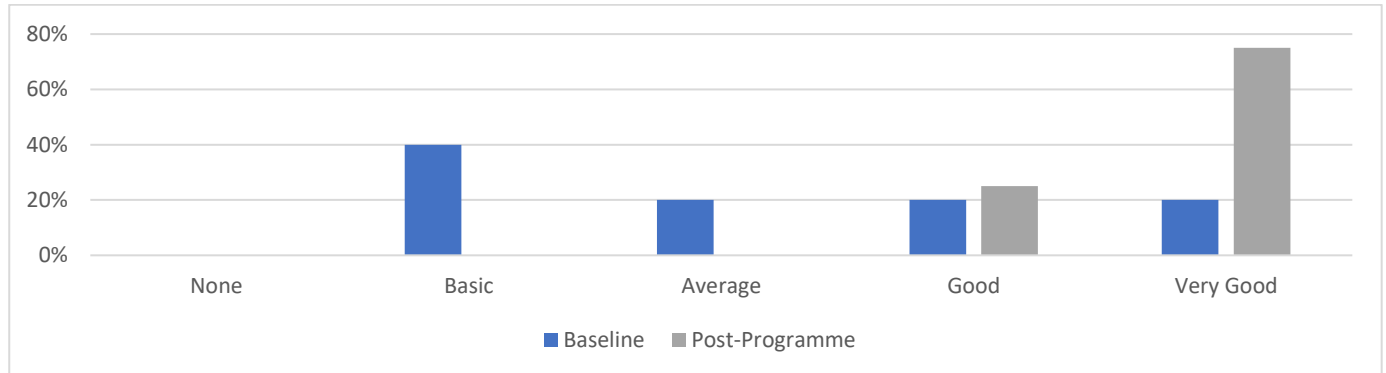
How would you describe your current knowledge of cancer treatments and their side effects? (E.g. Chemotherapy, radiotherapy, immunotherapy)
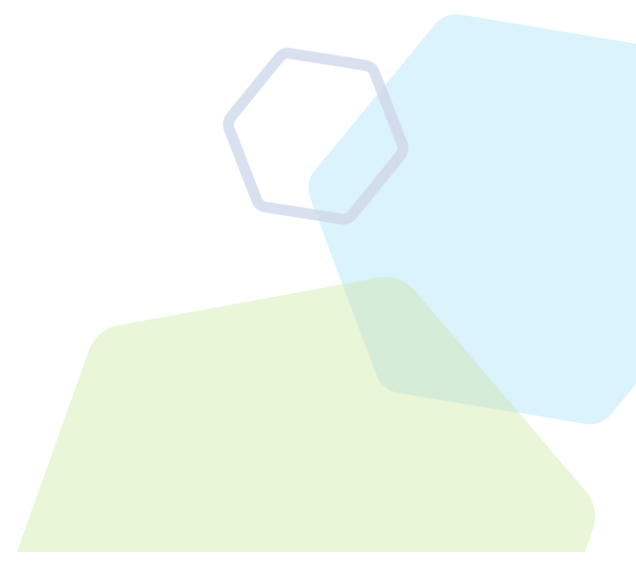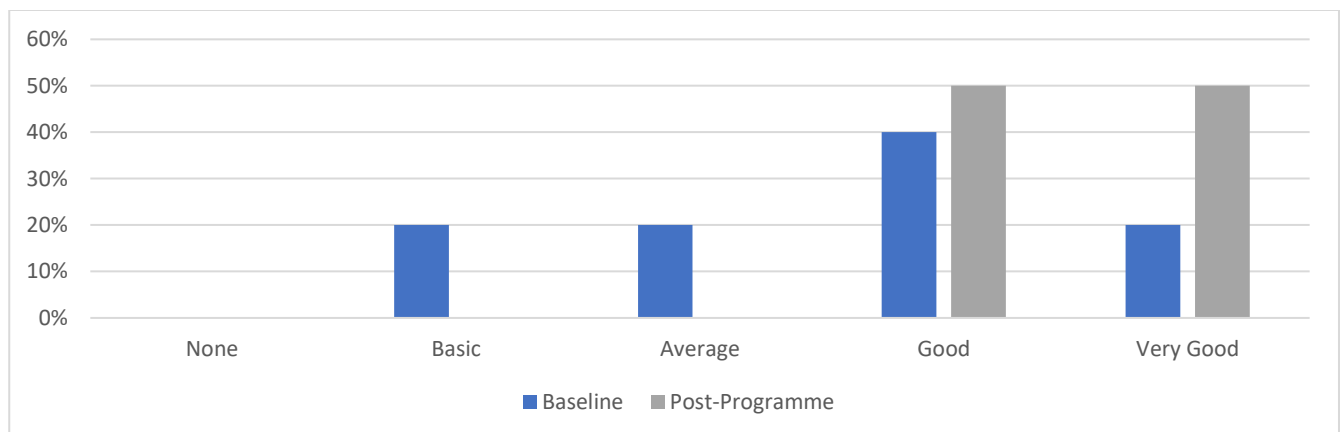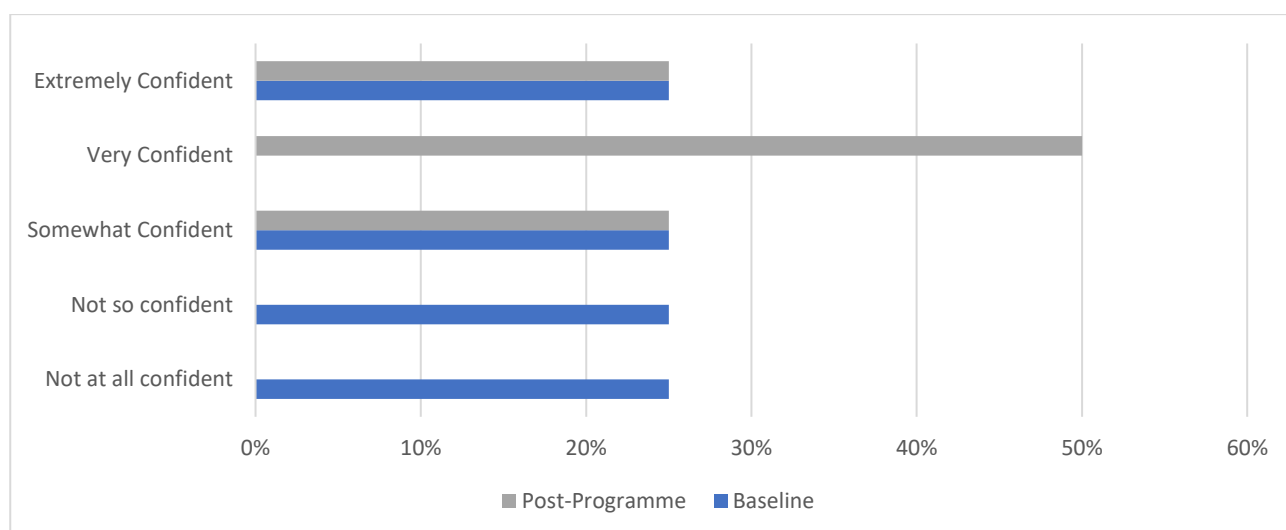
How would you describe your current knowledge of cancer pathways, and the journey patients go through from diagnostics through to beyond treatment?
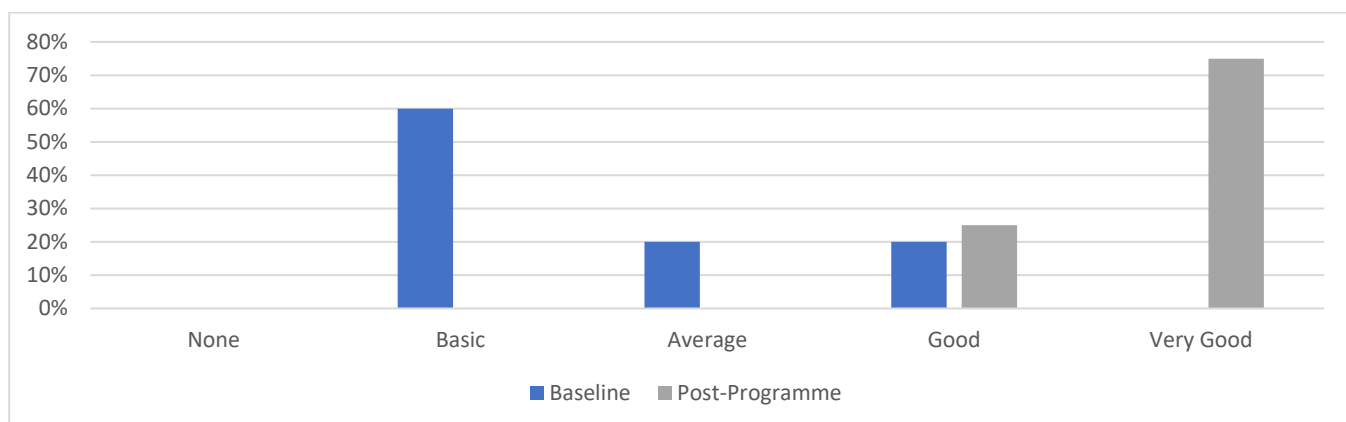
How confident would you feel:

To conduct a Holistic Needs Assessment (HNA)?

How would you describe your knowledge of the staffing roles and functions of these within cancer services?

(Including doctors, clinical nurse specialists, pathway navigators, cancer care coordinators, MDT coordinators, cancer performance managers)

	Baseline	Post-Programme
None	20% (1)	-
Basic	20% (1)	-
Average	40% (2)	-
Good	20% (1)	50% (2)
Very Good	-	50% (2)

Have you ever conducted a Holistic Needs Assessment (HNA)?

	Baseline	Post-Programme
Yes	40% (2)	100% (4)
No	60% (3)	-

How confident would you feel:

- **To support people with cancer with managing their physical symptoms as a result of their diagnosis or treatment?**

  (Including breathing difficulties, sore/dry mouth, tingling, sight, hearing, passing urine, nausea/vomiting, pain, constipation, fatigue, hot flushes, swelling, skin problems, sleep, mobility, memory/concentration, wound care

	Baseline	Post-Programme
Not at all confident	-	-
Not so confident	20% (1)	-
Somewhat Confident	40% (2)	-
Very Confident	20% (1)	50% (2)
Extremely Confident	20% (1)	50% (2)

- **To support people with cancer with managing their psychological symptoms as a result of their diagnosis or treatment? (Including sadness, anger, anxiety, uncertainty, loneliness, guilt, hopelessness)**

	Baseline	Post-Programme
Not at all confident	-	-
Not so confident	20% (1)	-
Somewhat Confident	40% (2)	50% (2)
Very Confident	20% (1)	25% (1)
Extremely Confident	20% (1)	25% (1)

- **To support people with cancer with managing practical aspects of their lives, which have changed as a result of their diagnosis or treatment?**

  (Including caring responsibilities, financial problems, work/education, housing, washing/dressing, smoking/alcohol problems, medications)

	Baseline	Post-Programme
Not at all confident	-	-
Not so confident	20% (1)	-
Somewhat Confident	60% (3)	25% (1)
Very Confident	20% (1)	50% (2)
Extremely Confident	-	25% (1)

- **To support any of the significant others within the support network of a person with cancer? (Including partners, children, friends/relatives, carers, someone they care for)**

	Baseline	Post-Programme

Not at all confident	-	-
Not so confident	60% (3)	-
Somewhat Confident	20% (1)	25% (1)
Very Confident	20% (1)	50% (2)
Extremely Confident	-	25% (1)

- **To support people with cancer with any spiritual or religious concerns they might have? (Including faith or spirituality, loss of meaning or purpose, at odds with faith)**

	Baseline	Post-Programme
Not at all confident	-	-
Not so confident	80% (4)	-
Somewhat Confident	20% (1)	25% (1)
Very Confident	-	50% (2)
Extremely Confident	-	25% (1)